



ELIGIBILITY/REIMBURSABILITY INFORMATION

- [illegible]

8. LIST ALL HOUSEHOLD MEMBERS IN THE REMOVAL HOME IN THE MONTH THE COURT PETITION WAS FILED.

NAME	SOCIAL SECURITY NO.	BIRTH DATE	RELATIONSHIP	*✓

* INDICATE PARENT (S)/GUARDIAN(S) FROM WHOM THE CHILD WAS REMOVED

9. Is the home from which the child was removed receiving adoption support payments on behalf of the child? ☐ Yes ☐ No

10. Does the child expect an inheritance or settlement?
If yes, attach information about the estate or suit. ☐ Yes ☐ No

FINANCIAL RESOURCES FOR ALL HOUSEHOLD MEMBERS IN THE REMOVAL HOME IN THE MONTH THE COURT PETITION WAS FILED.

11. SOURCE	BALANCE	OWNER	BANK NAME AND ADDRESS	ACCOUNT NO.
CASH				
CHECKING/ SAVING				
IRA/CD				
STOCKS/ BONDS				
TRUST ACCOUNT				
OTHER				

12. Does anyone own any real estate other than their home?
If yes, please list: ☐ Yes ☐ No

VALUE/AMOUNT OWNED /	OWNER	LOCATION
VALUE/AMOUNT OWNED /	OWNER	LOCATION

13. VEHICLE ☐ NONE (NO OWNED VEHICLE)

VALUE/AMOUNT OWNED /	OWNER(S)	MODEL	MAKE	YEAR
VALUE/AMOUNT OWNED /	OWNER(S)	MODEL	MAKE	YEAR

14. INCOME (OTHER THAN WAGES FROM EMPLOYMENT)

SOURCE	FOSTER CHILD	MOTHER <input type="checkbox"/> STEP	FATHER <input type="checkbox"/> STEP	SIBLING	SIBLING
OASDI					
SSI					
VA					
UC/WC					
RR					
PENSION					
MILITARY					
CHILD SUP.					
OTHER					

15. INDICATE THE FOSTER CHILD'S/DYS YOUTH'S/JUV. CT. CHILD'S PAYEE FOR THE ABOVE BENEFITS	NAME	TYPE OF BENEFIT
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16. CURRENT EMPLOYER/WAGES

	FROM	TO	EMPLOYER NAME AND ADDRESS	WAGES	FREQUENCY
FOSTER CHILD					
MOTHER					
FATHER					
STEP					
SIBLING					
SIBLING					

17. Is the child a U.S. citizen or legal alien?

☐ Yes☐ No**18. MARITAL INFORMATION – COMPLETE ON MOTHER AND FATHER, IF APPLICABLE**Check, if never married: ☐ Mother ☐ Father

Individual to whom mother was married at the time of the child's conception and birth:

NAME

☐ CHECK BOX, IF UNKNOWN

ADDRESS

☐ CHECK BOX, IF UNKNOWN

DATE OF MARRIAGE

☐ CHECK BOX, IF UNKNOWN

STATE AND COUNTY

☐ CHECK BOX, IF UNKNOWN

DATE OF LEGAL (COURT) SEPARATION

☐ CHECK BOX, IF UNKNOWN

STATE AND COUNTY

☐ CHECK BOX, IF UNKNOWN

DATE OF DIVORCE

☐ CHECK BOX, IF UNKNOWN

STATE AND COUNTY

☐ CHECK BOX, IF UNKNOWN

Is there a juvenile order for blood testing for any of the parties?

☐ Yes☐ No

If yes, please attach a copy of the order.

19. ABSENT PARENT INFORMATION (INCLUDES PARENT(S) IN THE REMOVAL HOME) (IN ADDITION TO THE MOTHER, LIST ALL POSSIBLE FATHERS)**ATTACH COPY OF ALL COURT ORDERS ADDRESSING CHILD SUPPORT.**

NAME	RACE	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)				TELEPHONE NUMBER
EMPLOYER NAME				TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)				
HEALTH INSURANCE NAME			POLICY NUMBER	
NAME	RACE	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)				TELEPHONE NUMBER
EMPLOYER NAME				TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)				
HEALTH INSURANCE NAME			POLICY NUMBER	